

Foster Family Home - Corrective Action Report

Provider ID: 1-560880

Home Name: Charlita Dumot, CNA

610 Oneawa Street

Kailua HI 96734

Review ID: 1-560880-8

Reviewer: Julie Hastings

Begin Date: 12/13/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection completed for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with all items due to CTA within 30 days.
6.(d)(1) -Home is in compliance with all requirements. Home will receive a 3 bed certification

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)
SCG#3 had APS/CAN/Fingerprint on 5/2/2018. And was due again for APS/CAN/Fingerprint before 5/2/2018. SCG#3 had APS/CAN only on 11/20/2019.

There is a lapse, and a missing fingerprint for 2019.

Foster Family Home Personnel and Staffing [11-800-41]

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(c)
CG#2 with only 9 hours annual training in 2019. All SCG's must have a minimum of 12 hours annually for a three client CCFFH

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)
No Medication side effects present for Clint #3 CMA#3

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Foster Family Home

Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e) The CCFFH has a locked gate preventing entry onto the property unless unlocked with a key. This prevents quick access to the home. There is no doorbell or intercom present for department to gain quick access to the property or know that someone is outside trying to gain entry to the CCFFH

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)

Bathroom and all client doors do not have the ability to be locked.

All doors must be able to be locked from the inside with emergency access from the hallway.

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

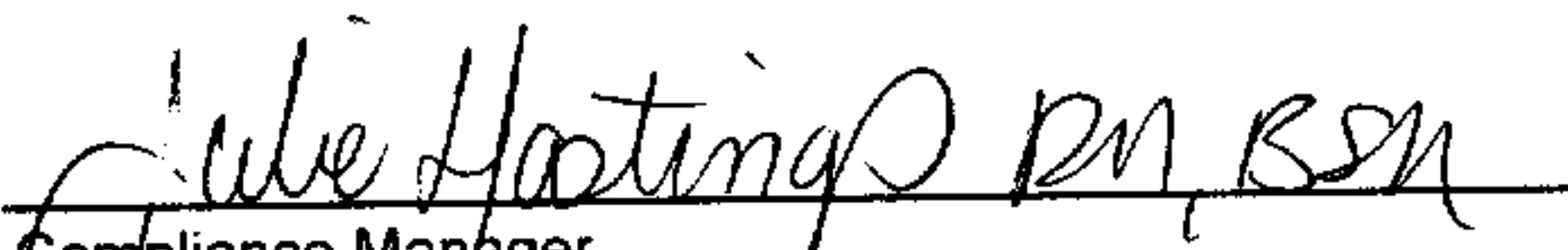

Comment:

54.(c)(2)

No Service plan/MD signature For Client #3 CMA#3

Client #2 for CMA#2 Service plan not signed by MD

Client #1 Service plan needs to be signed by a MD


Compliance Manager

Primary Care Giver

12/13/19
Date
12/13/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: CHARLITA DUMOT FOSTER HOME
CCFFH Address: 610 ONEAWA ST. KAILUA, HI. 96734

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
50 (E)	purchased door bell	12/27/19	will keep batteries working doorbell
53(b) 9	Changed all clients rooms and bathroom door handles	12/15/19	will keep handle in working order
54(c)2	CM 1 sent signed plan CM 2 sent signed plan CM 3 sent signed service plan	12/27/19 12/18/19 12/24/19	I will make sure service plan updated every 6 months & signed by MD

Primary Caregiver's Signature: Charlita Dumot

Print Name: CHARLITA DUMOT

Date of Signature: 12/28/19

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: CHARLITA DUMOT
CCFFH Address: 610 ONEAWA ST. KAILUA, HI. 96734

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a) 1	SCB # 3 Lapse cannot be corrected Fingerprint done at best mobile 2046 North King St. Hon. HI. 96819	12/19/19	I will put reminder on my phone for 2 months prior.
41(c)	SCB # 2 Will complete 12 years annually cannot be corrected for 2019	12/18/19	I will keep track of training hours in front of my CCFPA chair
47(c)	CMA # 3 Faxed in email side effects of all medications I printed side effects for clients	12/20/19	all new or change medication will put side effects in the book

Primary Caregiver's Signature: Charlita Dumot

Print Name: CHARLITA DUMOT

Date of Signature: 12/28/19